

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN INK.

NAME _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
(Last) (First) (Middle)

PREVIOUSLY USED NAME(S) (Maiden, etc.) _____

MAILING ADDRESS _____
(Street) (City) (County) (State) (Zip)

CONCEALED FIREARM PERMIT #(BRL#) _____ SOCIAL SECURITY NO _____

HOME PHONE _____ WORK PHONE _____ DRIVERS LIC# _____ STATE _____

HEIGHT_____WEIGHT_____EYE COLOR_____HAIR COLOR_____SEX_____RACE_____

WHAT IS YOUR CITIZENSHIP? _____ ALIEN REGISTRATION # _____

☐ Yes ☐ No Have you ever been convicted of a crime of violence?

☐ Yes ☐ No Have you ever been arrested for any offense involving domestic violence?

☐ Yes ☐ No Have you ever been adjudicated mentally incompetent?

☐ Yes ☐ No Have you ever been convicted of a felony?

☐ Yes ☐ No Have you ever been convicted of any offense involving the use of alcohol?

☐ Yes ☐ No Have you ever been convicted of the unlawful use of narcotics or controlled substances?

☐ Yes ☐ No Have you ever been convicted of any offense involving moral turpitude?(i.e., theft, shoplifting, sex crimes etc)

☐ Yes ☐ No Have you ever been involved in *any incident* in which you have used unlawful violence or threats of unlawful violence?

☐ Yes ☐ No Are you currently subject to a court sanctioned protective order?

I, _____, hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that if I knowingly make any false statements herein, I am subject to the penalties prescribed by law. I do hereby authorize the release of any and all information in the possession of any individual, law enforcement agency, firm, partnership, and public or private corporation, necessary to determine the validity and appropriateness of my application. In so doing, I release, exonerate, and hold harmless, any such individual, law enforcement agency, firm partnership, public or private corporation, the Utah Department of Public Safety, and the State of Utah, from any claim or cause of action which may or could result from the release of this information.

Signature _____ Date _____

Subscribed and sworn to this _____ day of _____ 20____

Notary Public

METHOD OF PAYMENT (CHECK APPROPRIATE BOX) ☐ Payment enclosed (check or money order only) ☐ Credit Card

Credit Card Orders: ☐ Visa ☐ MasterCard

Card Number

[illegible]

3 digit control #

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Expiration Date

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Signature: _____

Phone Number